U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

l/ 01 / ±10.05 Through: 12 / 31 / 20.05 le number, and address of labor organization. L458 UNITED THANSPORTATION UNION
UNITED THANSPORTATION UNION
- 11 CIC/
ganization Fi e Number -583 54/-908
Building and Room Number, if any
14600 PETROIT AVE MARIANTAMONISTA CLEVELAND
ON HAR SOM
Mar C'fil ZIP Code + 4 Signaph
NER LOCAL 583

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is act vely seeking to represent.					
Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.			
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
		7.b. Amount.			
Street					
City					
State	ZIP Code + 4				

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

on <u>5-8-96</u> 920-235Date Telephone Number

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name HOEY + FARINA P.C

Trade Name, if any:

P.O. Box, Bldg , Room No., if any 5414 = 200

542 S. DEAR BURN ST.

CITICAGO City

IL State

ZIP Code +4 60605

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8349.00

13.b. Is the Business an Employer \ or Consultant

14.b. Amount of payment.